

COMPETENCY DETERMINATION DATA SHEET

Name: _____

Place of Evaluation: _____

Birth Date: _____

Date of Evaluation: _____

Sex: _____

Judge: _____

Race: _____

Court Requesting: _____

Examiners: _____

City: _____

County: _____

Offense(s): _____

Order Date: _____

Date Order Received by DDSN: _____

Intellectual Score: _____

Level: _____

Adaptive Score: _____

Level: _____

Meets definition of Mental Retardation or Related Disability: _____ Yes
_____ No

Suggestions of Mental Illness: _____ Yes _____ No

Competent to Stand Trial: _____ Yes _____ No

Capability of Attaining Capacity in the Future: _____ Yes _____ No

If ordered, was person found to be criminally responsible? _____ Yes _____ No

Additional Information (Optional): _____

cc: DDSN Director of Behavioral Supports, Central Office, Regional Office

SAMPLE